

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 14, 2008
Secretary of State**

DOCUMENT# N04352

Entity Name: CHRISTIAN TRAINING MINISTRIES, INC.

Current Principal Place of Business:

1747 HAWTHORNE DRIVE
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

3122 MANATEE DRIVE
SEBRING, FL 338701580

New Mailing Address:

FEI Number: 59-2483802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DOWNING, LINDA M
3122 MANATEE DRIVE
SEBRING, FL 338701580 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOWNING, LINDA M
Address: 3122 MANATEE DRIVE
City-St-Zip: SEBRING, FL 338701580

Title: VD () Delete
Name: DOWNING, CHESTER D
Address: 3122 MANATEE DRIVE
City-St-Zip: SEBRING, FL 338701580

Title: ST () Delete
Name: FLOYD, BARBARA
Address: 10105 MUSTANG TRAIL
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: DOWNING, CASEY L
Address: 4308 RACHAEL DRIVE
City-St-Zip: SEBRING, FL 33875

Title: D () Delete
Name: LUNDY, JAY
Address: 319 ANDERSON STREET N. E.
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: LUNDY, JOAN
Address: 319 ANDERSON STREET N. E.
City-St-Zip: LAKE PLACID, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FLOYD, BARBARA
Address: 10105 MUSTANG TRAIL
City-St-Zip: SEBRING, FL 33872

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: REEVES, DARLINE
Address: 950 LAKE ANGELO DRIVE
City-St-Zip: AVON PARK, FL 33825

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA M. DOWNING

PD

02/14/2008

Electronic Signature of Signing Officer or Director

_____ Date